Department of Veterans Affairs	HEARING WO	ORKSHEET -	BOARD OF \	/ETER	ANS' A	APPEA	LS	
VETERAN'S NAME				FILE NO.				
APPELLANT'S NAME		NAMES OF REPRESEN	TATIVE AND WITNESSES					
			PRELIMINARY IMPRESSIONS (To be completed after hearing)					
				DENY	ALLOW	REMAND	DISMISS	
1.								
2.								
3.								
4.								
CONTENTIONS								
PERIODS OF SERVICE		CIRCUMSTANCES OF SERVICE (Combat, foreign duty, etc.)						
					(1	Continue on r	everse)	
AREAS REQUIRING CLARIFICATION OR DEVELOPMENT DURIN	IG HEARING							
NOTE: Observations or comments by members are to COMMENTS OR SPECIAL INSTRUCTIONS TO ATTORNEY	be entered on reverse.							
SIGNATURE OF PRESIDING MEMBER				DATE				

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